

# **The Hampton Committee for People with Disabilities Foundation**

## **GRANT APPLICATION INFORMATION**

**The Hampton Committee for People with Disabilities Foundation is accepting applications for Grants that will help to enhance or improve the quality of life for a disabled person. The individual must be a resident of Hampton, Virginia.**

Funding can include, but is not limited to activities such as extra-curricular activities in the community, support for respite care, modifications to one's living environment and/or transportation expenses to and from a special community activity. Funding will not be provided for routine daily living expenses as utilities, rent, groceries or clothing.

**Grant Funding : UP TO \$1,000**

Due date for applications is November 1, 2012

Applications can be found on the Hampton Mayor's Committee for People with Disabilities website, or you may request an application from:

Mrs. Jeanne Smith  
Vice-President  
The Hampton Committee for People with Disabilities Foundation  
228 Winchester Drive,  
Hampton, Virginia 23666,  
Phone: 826-0762  
[mmjeannes@cox.net](mailto:mmjeannes@cox.net)

If you would like more information regarding the grants or the application process, please feel free to contact :

Sue Merryfield  
President  
The Hampton Committee for People with Disabilities Foundation  
Phone: 757-224-9680 ext 413

**THE HAMPTON COMMITTEE FOR PEOPLE WITH DISABILITIES FOUNDATION**  
**APPLICATION FORM**

**How to Use the Application Form**

Please fill out each blank section in the application. The form must be completed in ink, or typed (form can be provided in digital form). If hand written, please print clearly.

When the application is complete, be sure to sign your application for submission.

Keep in mind what the Foundation is looking to fund, and complete the requests according to the deadlines and timetables established.

**GRANT REQUEST**

Request For:
Amount Requested:

**APPLICANT INFORMATION**

Applicant Name:		
Mailing Address:		
City: Hampton	State: Virginia	Zip
Home Telephone Number:	Cell Phone Number:	
E-Mail Address:		
Contact Person for Grant (If other than Applicant)		
Address:		
Telephone Number:		

**PROPOSAL NARRATIVE**

*Provide the following information in this order. Please use a separate paper for the Proposal narrative. Please staple; do not bind your application.*

**Background**

1. Provide the Foundation with a brief description of the applicant, so the Foundation can get to know the Applicant. Information that can be included: Age, living arrangements, interests, hobbies, whether one is working or not.
2. Description of currently what is taking place: Tell the Foundation what is currently taking place which is causing the Applicant to make this special request.

**Purpose of funding request**

1. Briefly tell how this grant will be used
2. Is there funding from another source to help with this project? Is so, please describe the funding.
3. What does one hope to achieve, if provided this grant?

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Printed Name of Applicant:\_\_\_\_\_

Please mail your application to:

Mrs. Jeanne Smith  
Vice-President  
The Hampton Committee for People with Disabilities Foundation  
228 Winchester Drive,  
Hampton, VA 23666

8/2012